



# WASHINGTON STATE UNDERGROUND STORAGE TANK NOTIFICATION FORM



4260087-291

**IMPORTANT: PLEASE READ ALL INSTRUCTIONS ON PAGES I-1 AND I-2 BEFORE ENTERING INFORMATION.**

- ABOVEGROUND TANKS MUST BE REPORTED IF THE CONNECTED UNDERGROUND PIPING COMPRISES AT LEAST 10% OF THE OVERALL STORAGE SYSTEM (TANK AND PIPING).
- A SEPARATE FORM MUST BE USED FOR EACH SITE, EXCEPT FOR SITES WITH ONLY ONE TANK EACH. SEE THE GENERAL INSTRUCTIONS (PAGE I-2) FOR THE DEFINITION OF A SITE AND DETAILS ON REPORTING SITES WITH ONE TANK EACH.
- THERE IS ROOM IN SECTION VI FOR INFORMATION CONCERNING 15 TANKS. IF YOU HAVE MORE THAN 15 TANKS, PHOTOCOPY BOTH PAGES OF SECTION VI BEFORE ENTERING ANY INFORMATION. (IF YOU HAVE MORE THAN ONE SITE, EITHER OBTAIN MORE FORMS FROM THE DEPARTMENT OF ECOLOGY OR BE SURE TO ALSO PHOTOCOPY THIS PAGE.)
- PLEASE TYPE, OR PRINT IN INK; THE SIGNATURE UNDER "CERTIFICATION" (SECTION V) MUST BE SIGNED IN INK.

DEPT. OF ECOLOGY  
8/2/90  
MAY -9 86 008848  
STATE USE ONLY

## I. OWNERSHIP OF THE TANK(S)

Please enter information regarding the owner of the tank(s). If the ownership of the tank(s) is uncertain, enter information regarding the owner of the property where the tanks are located, or information regarding the former owner of the tanks. Please circle the correct letter, indicating who the information given below refers to:

A. OWNERSHIP UNCERTAIN ☐ B. CURRENT OWNER OF TANK(S) ☒ C. FORMER OWNER OF TANK(S) ☐ D. PROPERTY OWNER ☐

E. OTHER (PLEASE SPECIFY):

R H SMITH DIST CO INC

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

315 E MAIN ST

Street Address

GRANDVIEW WA 98930-

City

State

ZIP Code

YAKIMA 509-882-3377

County

Area Code

Phone Number

Type of Owner or Facility: CIRCLE CORRECT CODE(S)

CODE	TYPE	CODE	TYPE	CODE	TYPE	CODE	TYPE
A.	Service Station	G.	Industrial/Manufacturing	M.	City/Town	S.	Port District
B.	Bulk Plant	H.	Private Institution	N.	County	T.	Utility District
<input checked="" type="radio"/> C.	Petroleum Distributor	I.	Residence (Non-Farm)	O.	State	U.	Fire Dept./District
D.	Convenience Store	J.	Farm	P.	Federal (Military)*	V.	Other Special Service District (e.g., sewer, water)
E.	Auto Dealer	K.	Airport	Q.	Federal (Non-Military)*	W.	Other
F.	Other Commercial/Retail	L.	Marina	R.	School District		

\*FEDERAL FACILITIES ONLY: Please give your GSA Facility ID Number (Building Number).

## II. CONTACT PERSON AT THE TANK LOCATION

The contact person should be the individual responsible for regularly monitoring the operation of the tank(s).

DESIREE NOBLE

Name (If same as Section I, mark box here ☐)

MANAGER 509-865-5909

Job Title

Area Code

Phone Number

## III. SITE OF THE TANK(S)

(If the same as Section I, mark box here. ☐)

See the General Instructions (Page I-2, 2.a.) for the definition of a site.

SMITTS SELF SERVE

Facility Name or Company Site Identifier, as applicable. (IF THE FACILITY IS OPERATED BY A LEASEE OR RENTER, THE NAME OF THE CORPORATION, INDIVIDUAL, PUBLIC AGENCY, OR OTHER ENTITY WHICH OPERATES THE FACILITY SHOULD BE ENTERED HERE.)

102 E TOPPENISH AVE

Street Address or State Road where the tanks are located. (IF NO STREET ADDRESS OR STATE ROAD, PLEASE ENTER THE LONGITUDE AND LATITUDE OR TOWNSHIP, RANGE, AND QUARTER SECTION WHERE THE TANKS ARE LOCATED.)

TOPPENISH WA 98948-

City

State

ZIP Code

YAKIMA 509-865-5909

County

Area Code

Phone Number

## IV. THE TOTAL NUMBER OF TANKS AT THIS SITE

1. Number of tanks containing petroleum, which are now in use: 3
2. Number of tanks which have stored petroleum, but are not now in use: 0
3. Number of tanks containing regulated chemicals, which are now in use: 0
4. Number of tanks which have stored regulated chemicals, but are not now in use: 0

TOTAL NUMBER OF TANKS 3

Please mark this box if the site is located on land within an Indian reservation or on other Indian trust lands ☐

## V. CERTIFICATION (Please read and sign after completing Section VI.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents. To the best of my knowledge and belief, the submitted information is true, accurate, and complete.

Rich Smith V.P.

Rich Smith V.P.

Name and official title of owner or owner's authorized representative or, in cases where the ownership is unknown, the name and title of the person signing the form. (PLEASE TYPE OR PRINT IN INK.)

4-23-86

Date Signed

Rich Smith

Signature (PLEASE SIGN IN INK)



## VI. INFORMATION REGARDING INDIVIDUAL TANKS (See instructions regarding individual tanks, Page I-2)

[illegible]

